FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL
OMB Number:
Expires:
Estimated average burden
hours per response

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Prefix		Serial
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Name of Offering (check if this is an an	nendment and name ha	is changed, and	indicate o	change.)	· · · · · · · · · · · · · · · · · · ·	
Wrightwood Capital High Yield Investo	rs II LP			·		SEC MA-11 Day
Filing Under (Check box(es) that apply):		505 ☑ Rule 500	Secti	ion 4(6) 🛮 UL	.OE	SEC Mail Processing Section
Type of Filing: ☐ New Filing ☐ Amend		CIC INCLUDE	10.0101	I DATE		O == '/11011
		SIC IDENTIF	ICATIO:	NUALA		<u> </u>
1. Enter the information requested about the						
Name of Issuer (check if this is an ame	ndment and name has	changed, and it	ndicate ch	ange.)		Washington, DC
Wrightwood Capital High Yield Investo	rs II LP (the "Issuer'	")				111
Address of Executive Offices	(N	lumber and Stre	et, City, S	State, Zip Code)	Telephone Nu	mber (Including Area Code)
Two North LaSalle Street, 9th Floor, Ch	icago, IL 60602				312-324-5910	
Address of Principal Business Operations	(N	lumber and Stre	et, City, S	State, Zip Code)	Telephone I	
(if different from Executive Offices)					1	P (e e in e e in a lega de la compansión de la esta de la compansión de la esta de la compansión de la compa
Brief Description of Business	•					
Real estate-related investments					<u> </u>	
Type of Business Organization						09002020
☐ corporation	☑ limited partnershi	p, already form	ed	other 🗆	(please specify).	`
☐ business trust	☐ limited partnershi	p, to be formed				
		Month	Year			
Actual or Estimated Date of Incorporation	or Organization:	0 5	07	☑ Actual □] Estimated	
Jurisdiction of Incorporation or Organizati	ion:	(Enter two-	letter U.S	. Postal Service	abbreviation for	State: 🗔 🛱
•		CN for Car	ada; FN f	or other foreign	jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDEN	TIFICATION DATA			
2. Enter the information requeste	ed for the follow	ving:				
 Each promoter of the issuer, if the issuer has been organized within the past five years; 						
 Each beneficial owner has issuer; 	aving the power	to vote or dispose, or di	rect the vote or dispositi	ion of, 10% or m	ore of a class of equity securities of the	
Each executive officer as	nd director of co	orporate issuers and of co	orporate general and ma	naging partners o	of partnership issuers; and	
Each general and manag	ing partner of p	artnership issuers.				
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if indiv	/idual)					
Wrightwood Capital LLC						
Business or Residence Address (N	Number and Stre	eet, City, State, Zip Code	:)			
Two North LaSalle Street, 9th Flo	or, Chicago, I	L 60602				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner	
Full Name (Last name first, if indi-	vidual).					
Wrightwood Capital High Yield	Partners II GI	LLC				
Business or Residence Address (?	Number and Str	eet, City, State, Zip Code	:)	• • • •		
Two North LaSalle Street, 9th Flo	oor, Chicago, I	L 60602				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if indi-	vidual)			····		
Cohen, Bruce R.						
Business or Residence Address (I	Number and Str	eet, City, State, Zip Code	e)			
Two North LaSalle Street, 9th Flo	oor, Chicago, I	L 60602				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if indi	vidual)			-		
Friedman, David J.						
Business or Residence Address (Number and Su	eet, City, State, Zip Cod	c)			
Two North LaSalle Street, 9th Flo	oor, Chicago, l	L 60602	<u>-</u>			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if indi	vidual)					
Moore, Terrence D.						
Business or Residence Address (Number and Str	eet, City, State, Zip Cod	e)			
Two North LaSalle Street, 9th Fl	oor, Chicago, l	L 60602				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if indi	vidual)					
Hays, Sara L.						
Business or Residence Address (Number and Str	reet, City, State, Zip Cod	(c)			
Two North LaSalle Street, 9th FI	oor, Chicago,	IL 60602				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if indi	ividual)					
Business or Residence Address (Number and St	reet, City, State, Zip Cod	le)			

5234416.1 07015049 2 of 8

Answer also in Appendix, Column 2, if filing under ULOE What is the minimum investment that will be accepted from any individual? *(lesser amounts may be accepted at the discretion of the general partner)	es □ 0,000 (es	No Ø
Answer also in Appendix, Column 2, if filing under ULOE 2. What is the minimum investment that will be accepted from any individual? *(lesser amounts may be accepted at the discretion of the general partner)	0,000	Ø
 What is the minimum investment that will be accepted from any individual? *(lesser amounts may be accepted at the discretion of the general partner). Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth 		
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4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth		No
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth	✓	
the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Park Hill Real Estate Group LLC		
Business or Residence Address (Number and Street, City, State, Zip Code)		
345 Park Avenue, 15th Floor, New York, NY 10154		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	}	
[AL] $\{AK\}$ [AZ] [AR] $\{CA\}$ [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
[[L]] [IN] [IA] [KS] [KY] [LA] (ME] [MD] [MA] [MI] [MN] (MS] [MO]		
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer	ü	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		
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[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Turi Palis (Last name 1134, 11 more rada)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	i	
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(IL) [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA)		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

5234416.1 07015049 3 of 8

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate	Α	mount Already
		Offering Price		Sold
	Debt	\$ -0-	<u>\$</u>	-0- '
	Equity	\$ -0-	<u>\$</u>	-0-
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$ -0-	<u>\$</u>	-0-
	Partnership Interests		\$_	16,250,000
	Other (Specify)		\$	-0-
	Total		<u> </u>	16,250,000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1</u>	-	33233
_	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and			
2.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
				Aggregate
	•	Number	1	Dollar Amount
		Investors		of Purchases
	Accredited Investors	39	<u>\$_</u>	16,250,000
	Non-accredited Investors		<u>\$</u>	-0-
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of	1	Dollar Amount
		Security		Sold
	Rule 505		\$_	
	Regulation A		\$_	
	Rules 504		<u>\$</u>	
	Total		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	🖸	1 §	-0-

Other Expenses (identify) filing fees

2,329

77,176

3,692

1,000

1,707,432

1,791,629

-0-

total expenses furnished in response to Part C - Ques	tion 4.a. This difference is the "adjusted gross proceeds to	the			<u>}</u>	<u></u> I	<u>4,458,371</u>
5. Indicate below the amount of the adjusted of the purposes shown. If the amount of an	gross proceeds to the issuer used or proposed to be used for purpose is not known, furnish an estimate and check the yments listed must equal the adjusted gross proceeds to the	r each	۵				
				Payments to Officers, Directors, & Affiliates		P	ayments to
Salaries and fees		Ø	\$	-0-		<u>\$</u>	-0-
Purchase of real estate		Ø	<u>\$</u>	-0-	\bigcirc	<u>\$</u>	-0-
Purchase, rental or leasing and installation	of machinery and equipment	Ø	\$	-0-	Ø	<u>\$</u>	-0-
Construction or leasing of plant buildings a	and facilities	Ø	<u>\$</u>	-0-	Ø	<u>\$</u>	-0-
	the value of securities involved in this offering that may b s of another issuer pursuant to a merger)		<u>\$</u>	-0-	Ø	<u>\$</u>	-0-
Repayment of indebtedness		🗹	<u>\$</u>	-0-	☑	<u>\$</u>	-0-
Working capital		Ø	\$	-0-	Ø	<u>\$_</u>	14,458,371
Other (specify):		🗹	\$	-0-	☑	<u>\$_</u>	-0-
Column Totals		Ø	\$	-0-	Ø	<u>\$</u>	14,458,371
Total Payments Listed (column totals adde	d)			Ø <u>\$_14.</u> €	<u> 158,3</u>	71	
	D. FEDERAL SIGNATURE				,		
	the undersigned duly authorized person. If this notice is the U.S. Securities and Exchange Commission, upon writt r pursuant to paragraph (b)(2) of Rule 502.						
Issuer (Print of Type) Wrightwood Capital High Yield Investors II LP	Signature Date Jan	e uary 1	4, 20	009			
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Bruce R. Cohen	President of Wrightwood Capital High Yield Investor Issuer	s II G	P LI.	C, the gener	al pa	rtne	r of the
	ATTENTION						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)